PART B - FEE(S) TRANSMITTAL

07-31-09

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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	ock 1 for any change of address	Feet paper have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
DURECT CON THOMAS P. MO 2 RESULTS WA	CCRACKEN AY	1	JUL 2 9 2009 I he Stat	Cert	tificate of I s Fec(s) To ith sufficients	Mailing or Transm ransmittal is being ent postage for first UE FEE address a	deposited with the United class mail in an envelope bove, or being facsimile		
CUPERTINO, C 7/31/2009 CCHAU2	CA 95014 00000076 501953	10525624					(Depositor's name)		
1 FC:1501 1	510.00 DA 300.00 DA						(Signature)		
3 FC:8901 APPLICATION NO.	15.00 DA FILING DATE	<u> </u>	FIRST NAMED INVENTOR	OR ATTORNEY DOCKET NO			CONFIRMATION NO.		
10/525,624 TLE OF INVENTION	11/03/2005 I: DELIVERY OF MOD	ULATORS OF GLUTAN	Jean-Luc Puel MATE-MEDIATED NEUI	ROTRANSMISSIO		JRE-034 E INNER EAR	9637		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE T	OTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	07/30/2009		
EXAM	IINER	CLASS-SUBCLASS]						
RODRIGUEZ-GA	RCIA, VALERIE	514-326000							
FR 1.363). Change of corresp Address form PTO/S "Fee Address" ind	lication (or "Fee Address 02 or more recent) attach	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Un	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee	T a substitute for filing an	atent. If an assigno assignment.			cument has been filed for		
DURECT CORF	ORATION,	(B) RESIDENCE: (CITY and STATE OR COUNTRY) CUPSINO, CA							
INSERM	l	categories (will not be pr	PARIS, FRANCE rinted on the patent):	Individual 💆 Co	rporation c	or other private grou	up entity Government		
The following fee(s) Issue Fee Publication Fee (N Advance Order -	No small entity discount p	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1953 (enclose an extra copy of this form).							
	itus (from status indicate		Db 41		1 DAITH	V stopus 5 27 CF	P 1 27(a)(2)		
	ns SMALL ENTITY state		b. Applicant is no loned from anyone other than t	-					
erest as shown by the	records of the United Sta	ates Patent and Trademark	c Office.				e assignee or other party in		
Authorized Signature	Mon /	Well_		Date 29		2004			
Typed or printed nam		Cracken		Registration N		5,548			
is collection of inform	nation is required by 37 (FR 1.311. The information	on is required to obtain or	retain a benefit by th	he public w	vhich is to file (and	by the USPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. Inc information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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3.

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indicated unless correcte maintenance fee notifica		ierwise i	n Block I, by (a						rate "FEE ADDRESS" for	
	ENCE ADDRESS (Note: Use BI			4.0	Fee(s	s) Transmittal. This	s certific I paper, s	can only be used for ate cannot be used for such as an assignment and or transmission.	domestic mailings of the or any other accompanying or formal drawing, must	
DURECT COF THOMAS P. MO 2 RESULTS WA	JUL 2 9 2009	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
CUPERTINO, C	CA 95014								(Depositor's name)	
					<u> </u>			·	(Signature)	
					<u> </u>				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/525,624 TITLE OF INVENTION	11/03/2005 : DELIVERY OF MOD	ULATOI	RS OF GLUTAN	Jean-Luc Puel MATE-MEDIATED N	EUR	OTRANSMISSIO		OURE-034 HE INNER EAR	9637	
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	07/30/2009	
EXAM	ART UNIT		CLASS-SUBCLASS	BCLASS						
RODRIGUEZ-GA	RCIA, VALERIE		1626	514-326000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON	THE PATENT (print of	or typ	e)				
PLEASE NOTE: Uni	less an assignee is ident	ified belo	ow, no assignee this form is NO	data will appear on the T a substitute for filing	he pa gan a	tent. If an assign	ee is ide	ntified below, the do	ocument has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is N (A) NAME OF ASSIGNEE DUPECT CORPORATION,				(B) RESIDENCE: (CITY and STATE OR COUNTRY) CUPELTINO, CA						
INSERM				PARIS, FRANCE						
		categori	es (will not be p	rinted on the patent):		Individual 🛛 Co	orporatio	n or other private gro	up entity Government	
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Authorized Signature		wer				Date 29	500	1 2009		
Typed or printed nam	e Thomas P. Mc	Cracke	n			Registration N		86,548	by the LISPTO to process	

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